



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
165 Capitol Avenue, Hartford, CT 06106
(860) 713-2512

CT Registration
Number FR-

☐ New Products
☐ Renewal

Registration
Expiration: 12/31/2005

COMMERCIAL FEED REGISTRATION APPLICATION

Application is hereby made in accordance with and subject to the provisions of Connecticut General Statutes Sections 22-118k through 22-118v, for registration of commercial feed products. All registrations shall expire on December thirty-first of each year. The registration renewal period shall be from January 1st to December 31st following, inclusive. Submitted as part of this application is one (1) label (or facsimile of proposed label) for each new or revised product only. Acceptance of this application does not denote automatic acceptance of submitted labeling. A check payable to "Commissioner of Agriculture" must accompany this application.

NOTE: New and Renewal Applications cannot be processed if: required payment is not submitted with the application; and/or the application is incomplete; and/or the Federal Identification Number or Social Security Number is not provided. Incomplete applications and submitted payment will be returned for completion and resubmission

Please Print or Type	Federal Employer Identification Number: _____	Social Security Number: _____
COMPANY NAME		TELEPHONE NUMBER
COMPANY MAILING ADDRESS: (Street / P.O. Box)		CITY STATE ZIP CODE
IF REGISTERING PRODUCTS ON BEHALF of ANOTHER COMPANY, NAME and ADDRESS OF THAT COMPANY		E-MAIL ADDRESS

(List only new commercial feed products in the "New Products section." Renewal products are listed on the attached product listing.)

NEW PRODUCT(S) TO BE REGISTERED	
BRAND NAME	PRODUCT NAME

☐ Please check box if additional NEW PRODUCTS are listed on reverse side of this form

Total Number of Products Registered: _____	Calculated @ \$40.00 Each Product	TOTAL FEE ENCLOSED :\$ _____
I HEREBY CERTIFY THAT: 1. The information appearing on these labels or facsimiles is true and correct in every respect; 2. The application is made for and in behalf of the above named company.		
(Print Name of Applicant)	(Signature of Applicant)	(Title) (Date)

PLEASE RETURN: [1] COMPLETED APPLICATION

[2] ONE LABEL, or facsimile of proposed label, for **each NEW OR REVISED PRODUCT Only**

[3] **PRODUCT LISTING (Renewal Applications Only** - with Corrections/Deletions Noted in Red)

[4] **CHECK** Payable to "Commissioner of Agriculture" for New Product and/or Renewal Product Registration Fees

MAIL TO: Connecticut Department of Agriculture, Attn: Licensing, 165 Capitol Avenue, Hartford, CT 06106

AREA BELOW FOR OFFICE USE ONLY:

Fee: Amount Received	Check or Money Order Number	Date Payment Processed	Transmittal Number	REGISTRATION EXPIRATION DECEMBER 31, 2005 FR-1, Rev. 5/04
----------------------	-----------------------------	------------------------	--------------------	---

.pdf